

<input type="checkbox"/> JUVENILE INVOLVED		UNIFORM ARREST/BOOKING FORM				Case Number 06-019769	
BILOXI <input type="checkbox"/>		GULFPORT <input checked="" type="checkbox"/>		LONG BEACH <input type="checkbox"/>		PASS CHRISTIAN <input type="checkbox"/>	
D'IBERVILLE <input type="checkbox"/>		HARRISON COUNTY <input type="checkbox"/>		OTHER <input type="checkbox"/>			
Full Name of Person Arrested (Last, First, Middle) Carrubba, Marguerite Ann						Alias, Mugs, or Nickname	
Address of Defendant 1023 East Second St.		City / State Pass Christian MS 39571		Home Telephone Number (228) 669-4672		<input type="checkbox"/> None	
DL State MS	DL Number <input type="checkbox"/> None <input type="checkbox"/> Expired <input type="checkbox"/> Suspended	DL Type <input checked="" type="checkbox"/> Operators <input type="checkbox"/> Commercial		DL Expiration Date 09/15/2007		Social Security Number 428-29-1382	
Occupation and Employer <input checked="" type="checkbox"/> Unemployed							
Age 44	Sex F	Race W	Height 503	Weight 140	Hair blk	Eyes bro	Scars, Birth Marks, Tattoos, Amputations none
Date of Birth [REDACTED]		Place of Birth (City & State) Gulfport MS		Contact in Event of Emergency Richard Carrubba		Relationship Brother	
Contact's Address 1023 East Second St.		City / State Pass Christian MS		Home Telephone Number (228) 452-4627		Business Telephone Number (228) - NA	
Date of Arrest 06/17/2006		Day of Arrest S M Tu W Th Fr Sa		Time of Arrest 07:24		Location of Arrest Cowin Rd/Magnolia St	
Charge / Offense Running Red Light		<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Traffic		Date of Offense 06/17/2006		Court Date / Time 07/25/2006 09:00	
Bond Amount \$158.00							
Charge / Offense DUI Refusal		<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Traffic		Date of Offense 06/17/2006		Court Date / Time 07/25/2006 09:00	
Bond Amount \$750.00							
Charge / Offense		<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Traffic		Date of Offense		Court Date / Time	
Bond Amount							
Charge / Offense		<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Traffic		Date of Offense		Court Date / Time	
Bond Amount							
Charge / Offense		<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Traffic		Date of Offense		Court Date / Time	
Bond Amount							
C S <input type="checkbox"/> Released - NO Charge <input checked="" type="checkbox"/> County Jail		<input type="checkbox"/> Family Court		Check All Items That Apply		Bond Authorized By	
U T <input type="checkbox"/> Release - Summons <input type="checkbox"/> Juvenile Shelter		<input checked="" type="checkbox"/> Municipal Court		<input checked="" type="checkbox"/> Drinking <input type="checkbox"/> Cooperative		Total Bond \$908.00	
S A <input type="checkbox"/> Pre-Trial Release <input type="checkbox"/> Juvenile Detention		Judicial <input type="checkbox"/> Justice <input type="checkbox"/> Circuit <input type="checkbox"/> Chancery		<input checked="" type="checkbox"/> Drunk <input type="checkbox"/> Resistant		Judge HCSO	
D S <input type="checkbox"/> Cash Bail Receipt #				<input type="checkbox"/> Drugs <input type="checkbox"/> Belligerent		Municipal Court	
Arresting Officer (ID # and Name) 4776 RONALD A. ROE JR.		Assisting Officer(s) (ID # and Name) 6962 J. McConnell		Transporting Officer (ID # and Name) 4776 RONALD A. ROE JR.			
How was Arrest Made? <input type="checkbox"/> On View <input checked="" type="checkbox"/> On Call <input type="checkbox"/> Warrant		Other Persons Arrested for Same Offense <input checked="" type="checkbox"/> None					
Judge Date of Warrant		1.		2.			
Officer Fingerprinting & Photographing		Property Seized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Telephone Call <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Detective Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual Armed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vehicle Towed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		# Called:		Name:	
Weapon:		By Cotton's		Held Placed On Vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Supervisor Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Authorized By				Name:			
Defendant's Rights Given By A. Roe		Date 06/17/2006		Time 07:55		Witness(es) J. McConnell	
Duration Date/Time		Officer (# & Name)		Property N/A		Phone Call Made <input type="checkbox"/> Yes <input type="checkbox"/> No	
				# Called:		Court Clerk Use Only Docket #: 287022	
Facility Adult Detention <input checked="" type="checkbox"/> Juvenile Detention <input type="checkbox"/> Shelter <input type="checkbox"/>		Call N/A		Fingerprints Yes <input type="checkbox"/> No <input type="checkbox"/>		Mug Shot Taken Yes <input type="checkbox"/> No <input type="checkbox"/>	
Release Date/Time 06/17/06		Officer (# & Name) 171N		Release Status (Bond or Time Served, Etc.) cash Bond		Sherriff's Receipt # 16977	
NIC <input type="checkbox"/> Negative <input type="checkbox"/> Hit		NIC #:		Charges		Agency	
DOB <input type="checkbox"/> Negative <input type="checkbox"/> Hit		<input type="checkbox"/> Probation <input type="checkbox"/> Parole		County		Case Supervisor	
Old Fines <input type="checkbox"/> Negative <input type="checkbox"/> Hit		Amount		Total Days Given		Docket Number	
Juvenile - Parent or Guardian Name		Address Street / House Number		City / State		Telephone #	
						Contacted By	
What Prompted Arrest							

EXHIBIT

"A"

121

<input type="checkbox"/> Juvenile Involved	GULFPORT POLICE DEPARTMENT NARRATIVE REPORT	Case Number 06-019768
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<input checked="" type="checkbox"/> Original Report <input type="checkbox"/> Offense Supplement <input type="checkbox"/> Custody Supplement <input type="checkbox"/> Follow-up Report <input type="checkbox"/> Other	Type Offense / Incident DUI ARREST	Date of This Report 06/17/2006	Date of Original Report 06/17/2006	Zip Code 39507	Area A6
Suspect/Victim Name CARRUBBA, MARQUERITE ANN (S)		Complaint Numbers of Connected Cases			

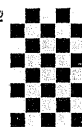
Status*	Qty	Article	Brand, Make or Manufacturer	Model Name or Number	Description (Color, Size, Etc)	Serial Number and/or OAN	Value
<p>ON THIS DATE AT APPROX. 0658 HRS. I WAS DISPATCHED TO COWAN RD. AND MAGNOLIA ST FOR A VEHICLE ACCIDENT. I ARRIVED AND OBSERVED A BLUE VAN WITH A WHITE MALE CHANGING A FRONT RIGHT TIRE AND A WHITE FEMALE STANDING BEHIND THE VAN. BEHIND THE VAN WAS A WHITE FORD FOCUS MS TAG DB TB959 AND THIS VEHICLE WAS OCCUPIED BY A WHITE FEMALE LATER ID A MARGUERITE CARRUBBA. I GOT OUT OF THE CAR AND APPROACHED THE WHITE FORD AND MADE CONTACT WITH THE DRIVER CARRUBBA WHO STATED SHE COULD NOT GET OUT OF THE CAR. THE OTHER FEMALE WALKED UP. I ASKED CARRUBBA IF SHE WAS OK AND SHE STATED YES. I THEN ASKED WHAT HAPPENED. THE OTHER FEMALE WHO WAS A PASSENGER OF THE BLUE VAN STATED "SHE (AND POINTED AT CARRUBBA) RAN THE STOP LIGHT AND HIT OUR VEHICLE". CARRUBBA THEN SAID NO THAT'S NOT WHAT HAPPENED YOU RAN THE LIGHT. I THEN TOLD THE OTHER FEMALE TO WALK BACK TO HER VEHICLE. I THEN ASKED CARRUBBA FOR HER DRIVERS LICENSE AND INSURANCE CARD. CARRUBBA COMPLIED. I HAD A TRAINEE-OFFICER, JOSH MCCONNELL IN MY VEHICLE WHO WENT TO THE BLUE VAN AND GOT INFORMATION ON THE DRIVER, OCCUPANT AND VEHICLE FOR THE REPORT. I THEN ASKED CARRUBBA WHAT HAPPENED. CARRUBBA STATED SHE NEEDED TO MAKE A CALL THEN PICKED UP HER CELL PHONE AND CALLED A FAMILY MEMBER. I THEN LEANED OVER THE WINDOW AND ASKED CARRUBBA TO STEP OUT OF THE VEHICLE AND TALK TO ME AND NOT THE PHONE. I THEN COULD SMELL A STRONG ODOR OF INTOXICATING BEVERAGE ON CARRUBBA'S BREATH. AFTER ABOUT FOUR TIMES OF ME REQUESTING CARRUBBA TO GET OUT OF THE VEHICLE SHE FINALLY COMPLIED. WHEN CARRUBBA GOT OUT OF THE VEHICLE SHE STUMBLED AGAINST THE VEHICLE THEN HELD ONTO THE VEHICLE AND WALKED TO THE CURB AS I HAD ASKED HER TO DO. I ASKED CARRUBBA TO STAND WITH HER FEET TOGETHER AND HANDS DOWN BY HER SIDE AND SHE SAID WAIT A MINUTE. "I'VE GOT A BAD BACK AND NECK". I TOLD HER TO STAND STILL. I THEN ASKED CARRUBBA TO HOLD HER HAND OUT AND WAIT FOR MY INSTRUCTION ON A FINGER COUNT. CARRUBBA STATED SHE COULD NOT DO ANYTHING BECAUSE OF HER BACK AND NECK. I TOLD CARRUBBA THAT THE TEST DID NOT AFFECT HER BACK OR NECK IN ANY WAY. AFTER GIVING THE TEST SEVERAL TIMES TO CARRUBBA SHE FINALLY PERFORMED THE TEST AND COMPLETED SATISFACTORY. I THEN ASKED CARRUBBA IF SHE KNEW THE ALPHABET. CARRUBBA SAID YES. I THEN ASKED CARRUBBA TO RECITE THE ALPHABET. CARRUBBA STARTED THE ALPHABET AND MESSED UP WHEN SHE GOT TO G through THE END.</p>							

Reporting Officer: ID # 4776 Name RONALD A. ROE, Jr.				OFFENSE STATUS	
Reviewing Supervisor: ID # 6511 Name Sones				OPEN	CLOSED
Detective Assigned: ID # Name				<input checked="" type="checkbox"/> Suspended / Inactive	<input type="checkbox"/> Cleared Adult Arrest
*Status E - Evidence S - Stolen R - Recovered U - Damaged				<input type="checkbox"/> Patrol Follow-up	<input type="checkbox"/> Cleared Exceptional Adult
Evidence Disposition: <input type="checkbox"/> Property Room <input type="checkbox"/> Court <input type="checkbox"/> Detectives <input type="checkbox"/> Returned To Owner				<input type="checkbox"/> Detective Follow-up	<input type="checkbox"/> Cleared Juvenile Arrest
Attachments: <input type="checkbox"/> Suspect Report <input type="checkbox"/> Narrative <input type="checkbox"/> Custody <input type="checkbox"/> Vehicle Inventory				Signed Affidavit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Cleared Exceptional Juvenile
<input type="checkbox"/> Property Invoice <input type="checkbox"/> NCIC Printout <input type="checkbox"/> Other:				<input type="checkbox"/> Will Sign Later	<input type="checkbox"/> Referred To Family Court <input type="checkbox"/> Referred To Justice Court <input type="checkbox"/> Referred to Other:
				<input type="checkbox"/> Other Cleared Exception	

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 White - Originals/Records Yellow - Detectives/Court Gold - Patrol Pink - Dispatch
 Narrative Report

Gulfport Police Department / 084 / Revised April 2002



<input type="checkbox"/> Juvenile Involved	GULFPORT POLICE DEPARTMENT NARRATIVE REPORT	Case Number 06-019768
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<input checked="" type="checkbox"/> Original Report <input type="checkbox"/> Offense Supplement <input type="checkbox"/> Custody Supplement <input type="checkbox"/> Follow-up Report <input type="checkbox"/> Other	Type Offense / Incident DUI ARREST	Date of This Report 06/17/2006	Date of Original Report 06/17/2006	Zip Code 39507	Area A6
Suspect/Victim Name CARRUBBA, MARQUERITE ANN (S)		Complaint Numbers of Connected Cases			

Status*	Qty	Article	Brand, Make or Manufacturer	Model Name or Number	Description (Color, Size, Etc)	Serial Number and/or OAN	Value
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I THEN ASKED CARRUBBA TO HOLD HER HANDS DOWN BY HER SIDE AND LOOK AT THE TIP OF MY PLN AND FOLLOW WITH HER EYES ONLY AND NOT MOVE HER HEAD. CARRUBBA'S EYES HAD INVOLUNTARY MOVEMENT IN BOTH EYE, DID NOT MOVE FLUIDLY, AND THE EYES JUMPED BACK AND FORTH AT ONSET TO 45%. AFTER THIS TEST CARRUBBA INDICATED SHE WOULD NOT DO ANY MORE TEST BECAUSE OF HER BACK AND NECK. I THEN TOLD CARRUBBA SHE WAS UNDER ARREST FOR RUNNING A RED LIGHT AND DUI. AT THE STATION CARRUBBA ATTEMPTED TO GIVE A BREATH SAMPLE TO OFFICER KINCAID AS HE WAS GIVING HER THE BREATHALYZER TEST BUT CARRUBBA DID NOT BLOW CORRECTLY. CARRUBBA WAS CHARGED WITH A DUI REFUSAL AND RUNNING A RED LIGHT AND WAS LATER TRANSPORTED TO THE HARRISON COUNTY JAIL.

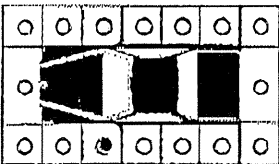
					OFFENSE STATUS					
Reporting Officer: ID # 4776 Name RONALD A. ROE, Jr.					OPEN		CLOSED			
Reviewing Supervisor: ID # 6511 Name Sones					<input checked="" type="checkbox"/> Suspended / Inactive <input type="checkbox"/> Patrol Follow-up <input type="checkbox"/> Detective Follow-up Signed Affidavit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Will Sign Later		<input type="checkbox"/> Cleared Adult Arrest		<input type="checkbox"/> Unfounded	
Detective Assigned: ID # Name							<input type="checkbox"/> Cleared Exceptional Adult		<input type="checkbox"/> Referred To Family Court	
*Status: E - Evidence S - Stolen R - Recovered D - Damaged							<input type="checkbox"/> Cleared Juvenile Arrest		<input type="checkbox"/> Referred To Justice Court	
Evidence Disposition: <input type="checkbox"/> Property Room <input type="checkbox"/> Court <input type="checkbox"/> Detectives <input type="checkbox"/> Returned To Owner							<input type="checkbox"/> Cleared Exceptional Juvenile		<input type="checkbox"/> Referred to Other:	
Attachments: <input type="checkbox"/> Suspect Report <input type="checkbox"/> Narrative <input type="checkbox"/> Custody <input type="checkbox"/> Vehicle Inventory <input type="checkbox"/> Property Invoice <input type="checkbox"/> NCIC Printout <input type="checkbox"/> Other:							<input type="checkbox"/> Other Cleared Exception			

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 Narrative Report

Gulfport Police Department / 084 / Revised April 2002

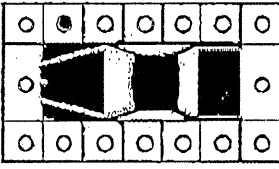

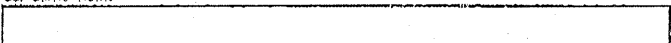
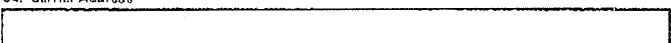
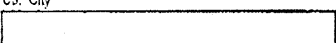

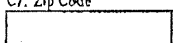
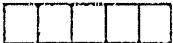
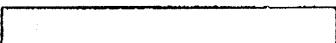

MUCR		Vo. Ver. #		Po. Person #		Agency Number		Agency Case Number		Page			
Person/Occupant		01		01		2403		06-019768		03 of 06			
P1. Person Type <input checked="" type="radio"/> Driver <input type="radio"/> Pedestrian <input type="radio"/> Bicyclist <input type="radio"/> Skater <input type="radio"/> Other non-motorist <input type="radio"/> Train Engineer <input type="radio"/> Hit and Run Driver <input type="radio"/> LE													
P2. License #		P3. State		P4. CDL?		P5. DOB (MM/DD/YYYY)							
428291382		MS		N		09 / 15 / 1961							
P6. First Name		P6. Last Name		P7. Address		P8. Phone Number							
MARGUERITE		A. CARRUBBA		1023 E 2ND ST.		2286694672							
P9. City		P10. State		P11. Zip Code		P12. DL Status							
PASS CHRISTIAN		MS		19571		<input type="radio"/> Valid <input type="radio"/> Suspended - DUI <input type="radio"/> No License <input type="radio"/> Learner Permit <input type="radio"/> Expired <input type="radio"/> Improper DL <input type="radio"/> Suspended <input type="radio"/> Other							
P13. Sex		P14. Eyes		P15. Hair		P16. Height		P17. Weight					
Y		141343X		1633309		2631130							
N													
P													
P18. Not Transported		P19. Police		P20. Hoarse		P21. EMS		P22. Medical					
<input type="radio"/> EMS		<input type="radio"/> Private Vehicle				Agency Code		Facility Code					
P23. Condition		P24. Non-Motorist Action		P25. Injury Type		P26. Safety Equip. (2)		P27. Injury Type					
<input type="radio"/> No Defects Apparent <input type="radio"/> Unknown <input type="radio"/> Hit and Run <input type="radio"/> Drinking - Not Impaired <input type="radio"/> Drinking - Impaired <input type="radio"/> Fell Asleep/Fainted/Fatigue		<input type="radio"/> Obviously Intoxicated <input type="radio"/> Physical Impairment <input type="radio"/> Affected by Exhaust Fumes <input type="radio"/> Using Drugs - Impaired <input type="radio"/> Using Drugs - Not Impaired <input type="radio"/> Pending Lab Results		<input type="radio"/> None <input type="radio"/> Complaint of Pain <input type="radio"/> Moderate <input type="radio"/> Life Threatening <input type="radio"/> Killed <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally		<input type="radio"/> None <input type="radio"/> Lap Belt <input type="radio"/> Automated Restraint <input type="radio"/> Shoulder Belt <input type="radio"/> Child Safety Seat <input type="radio"/> Helmet		<input type="radio"/> None <input type="radio"/> Complaint of Pain <input type="radio"/> Moderate <input type="radio"/> Life Threatening <input type="radio"/> Killed <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally					
P28. Circumstances (3)		P29. EMS		P30. Medical		P31. Status		P32. Status					
<input type="radio"/> No Defects Apparent <input type="radio"/> Failed to Yield Right of Way <input type="radio"/> Following Too Closely <input type="radio"/> Speed Too Fast For Conditions <input type="radio"/> Driving Under The Influence <input type="radio"/> Animal on Roadway <input type="radio"/> Faulty Equipment <input type="radio"/> Exceeded Lawful Speed <input type="radio"/> Improper Passing/Overtaking		<input type="radio"/> Made Improper Turn <input type="radio"/> Left of Center <input type="radio"/> Failure to keep proper lane/run off road <input type="radio"/> Avoidance <input type="radio"/> Drove on Wrong Side of Road <input type="radio"/> Fatigued/Asleep <input type="radio"/> Illegally Crossing Median <input type="radio"/> Improper Lane Change <input type="radio"/> Lying under/Illegally in roadway		<input type="radio"/> Unknown <input type="radio"/> Entering/Crossing Roadway <input type="radio"/> Walking/running/playing/cycling <input type="radio"/> Working <input type="radio"/> Pushing vehicle <input type="radio"/> Approaching/leaving vehicle <input type="radio"/> Playing/working on vehicle <input type="radio"/> Standing		<input type="radio"/> None <input type="radio"/> Blood <input type="radio"/> Breath <input type="radio"/> None given <input type="radio"/> Test refused <input type="radio"/> Test given, pending		<input type="radio"/> None <input type="radio"/> Blood <input type="radio"/> Breath <input type="radio"/> None given <input type="radio"/> Test refused <input type="radio"/> Test given, pending					
P33. Occupant		P34. Occupant		P35. Occupant		P36. Occupant		P37. Occupant					
00. Vehicle #		01. First Name		02. Address		03. Address		04. City		05. State			
06. Sex		07. Race		08. Age		09. Eyes		10. Hair		11. Height			
M		White		12		N		Y		13			
F		Black		13		Y		N		14			
		Other		14		Y		Y		15			
P38. Not Transported		P39. Police		P40. Hoarse		P41. EMS		P42. Medical					
<input type="radio"/> EMS		<input type="radio"/> Private Vehicle				Agency Code		Facility Code					
P43. Condition		P44. Non-Motorist Action		P45. Injury Type		P46. Safety Equip. (2)		P47. Injury Type					
<input type="radio"/> No Defects Apparent <input type="radio"/> Failed to Yield Right of Way <input type="radio"/> Following Too Closely <input type="radio"/> Speed Too Fast For Conditions <input type="radio"/> Driving Under The Influence <input type="radio"/> Animal on Roadway <input type="radio"/> Faulty Equipment <input type="radio"/> Exceeded Lawful Speed <input type="radio"/> Improper Passing/Overtaking		<input type="radio"/> Obviously Intoxicated <input type="radio"/> Physical Impairment <input type="radio"/> Affected by Exhaust Fumes <input type="radio"/> Using Drugs - Impaired <input type="radio"/> Using Drugs - Not Impaired <input type="radio"/> Pending Lab Results		<input type="radio"/> None <input type="radio"/> Complaint of Pain <input type="radio"/> Moderate <input type="radio"/> Life Threatening <input type="radio"/> Killed <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally		<input type="radio"/> None <input type="radio"/> Lap Belt <input type="radio"/> Automated Restraint <input type="radio"/> Shoulder Belt <input type="radio"/> Child Safety Seat <input type="radio"/> Helmet		<input type="radio"/> None <input type="radio"/> Complaint of Pain <input type="radio"/> Moderate <input type="radio"/> Life Threatening <input type="radio"/> Killed <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally					
P48. Circumstances (3)		P49. EMS		P50. Medical		P51. Status		P52. Status					
<input type="radio"/> No Defects Apparent <input type="radio"/> Failed to Yield Right of Way <input type="radio"/> Following Too Closely <input type="radio"/> Speed Too Fast For Conditions <input type="radio"/> Driving Under The Influence <input type="radio"/> Animal on Roadway <input type="radio"/> Faulty Equipment <input type="radio"/> Exceeded Lawful Speed <input type="radio"/> Improper Passing/Overtaking		<input type="radio"/> Made Improper Turn <input type="radio"/> Left of Center <input type="radio"/> Failure to keep proper lane/run off road <input type="radio"/> Avoidance <input type="radio"/> Drove on Wrong Side of Road <input type="radio"/> Fatigued/Asleep <input type="radio"/> Illegally Crossing Median <input type="radio"/> Improper Lane Change <input type="radio"/> Lying under/Illegally in roadway		<input type="radio"/> Unknown <input type="radio"/> Entering/Crossing Roadway <input type="radio"/> Walking/running/playing/cycling <input type="radio"/> Working <input type="radio"/> Pushing vehicle <input type="radio"/> Approaching/leaving vehicle <input type="radio"/> Playing/working on vehicle <input type="radio"/> Standing		<input type="radio"/> None <input type="radio"/> Blood <input type="radio"/> Breath <input type="radio"/> None given <input type="radio"/> Test refused <input type="radio"/> Test given, pending		<input type="radio"/> None <input type="radio"/> Blood <input type="radio"/> Breath <input type="radio"/> None given <input type="radio"/> Test refused <input type="radio"/> Test given, pending					
P53. Occupant		P54. Occupant		P55. Occupant		P56. Occupant		P57. Occupant					
00. Vehicle #		01. First Name		02. Address		03. Address		04. City		05. State			
06. Sex		07. Race		08. Age		09. Eyes		10. Hair		11. Height			
M		White		12		N		Y		13			
F		Black		13		Y		N		14			
		Other		14		Y		Y		15			
P58. Not Transported		P59. Police		P60. Hoarse		P61. EMS		P62. Medical					
<input type="radio"/> EMS		<input type="radio"/> Private Vehicle				Agency Code		Facility Code					
P63. Condition		P64. Non-Motorist Action		P65. Injury Type		P66. Safety Equip. (2)		P67. Injury Type					
<input type="radio"/> No Defects Apparent <input type="radio"/> Failed to Yield Right of Way <input type="radio"/> Following Too Closely <input type="radio"/> Speed Too Fast For Conditions <input type="radio"/> Driving Under The Influence <input type="radio"/> Animal on Roadway <input type="radio"/> Faulty Equipment <input type="radio"/> Exceeded Lawful Speed <input type="radio"/> Improper Passing/Overtaking		<input type="radio"/> Obviously Intoxicated <input type="radio"/> Physical Impairment <input type="radio"/> Affected by Exhaust Fumes <input type="radio"/> Using Drugs - Impaired <input type="radio"/> Using Drugs - Not Impaired <input type="radio"/> Pending Lab Results		<input type="radio"/> None <input type="radio"/> Complaint of Pain <input type="radio"/> Moderate <input type="radio"/> Life Threatening <input type="radio"/> Killed <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally		<input type="radio"/> None <input type="radio"/> Lap Belt <input type="radio"/> Automated Restraint <input type="radio"/> Shoulder Belt <input type="radio"/> Child Safety Seat <input type="radio"/> Helmet		<input type="radio"/> None <input type="radio"/> Complaint of Pain <input type="radio"/> Moderate <input type="radio"/> Life Threatening <input type="radio"/> Killed <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally					
P68. Circumstances (3)		P69. EMS		P70. Medical		P71. Status		P72. Status					
<input type="radio"/> No Defects Apparent <input type="radio"/> Failed to Yield Right of Way <input type="radio"/> Following Too Closely <input type="radio"/> Speed Too Fast For Conditions <input type="radio"/> Driving Under The Influence <input type="radio"/> Animal on Roadway <input type="radio"/> Faulty Equipment <input type="radio"/> Exceeded Lawful Speed <input type="radio"/> Improper Passing/Overtaking		<input type="radio"/> Made Improper Turn <input type="radio"/> Left of Center <input type="radio"/> Failure to keep proper lane/run off road <input type="radio"/> Avoidance <input type="radio"/> Drove on Wrong Side of Road <input type="radio"/> Fatigued/Asleep <input type="radio"/> Illegally Crossing Median <input type="radio"/> Improper Lane Change <input type="radio"/> Lying under/Illegally in roadway		<input type="radio"/> Unknown <input type="radio"/> Entering/Crossing Roadway <input type="radio"/> Walking/running/playing/cycling <input type="radio"/> Working <input type="radio"/> Pushing vehicle <input type="radio"/> Approaching/leaving vehicle <input type="radio"/> Playing/working on vehicle <input type="radio"/> Standing		<input type="radio"/> None <input type="radio"/> Blood <input type="radio"/> Breath <input type="radio"/> None given <input type="radio"/> Test refused <input type="radio"/> Test given, pending		<input type="radio"/> None <input type="radio"/> Blood <input type="radio"/> Breath <input type="radio"/> None given <input type="radio"/> Test refused <input type="radio"/> Test given, pending					
P73. Occupant		P74. Occupant		P75. Occupant		P76. Occupant		P77. Occupant					
00. Vehicle #		01. First Name		02. Address		03. Address		04. City		05. State			
06. Sex		07. Race		08. Age		09. Eyes		10. Hair		11. Height			
M		White		12		N		Y		13			
F		Black		13		Y		N		14			
		Other		14		Y		Y		15			
P78. Not Transported		P79. Police		P80. Hoarse		P81. EMS		P82. Medical					
<input type="radio"/> EMS		<input type="radio"/> Private Vehicle				Agency Code		Facility Code					
P83. Condition		P84. Non-Motorist Action		P85. Injury Type		P86. Safety Equip. (2)		P87. Injury Type					
<input type="radio"/> No Defects Apparent <input type="radio"/> Failed to Yield Right of Way <input type="radio"/> Following Too Closely <input type="radio"/> Speed Too Fast For Conditions <input type="radio"/> Driving Under The Influence <input type="radio"/> Animal on Roadway <input type="radio"/> Faulty Equipment <input type="radio"/> Exceeded Lawful Speed <input type="radio"/> Improper Passing/Overtaking		<input type="radio"/> Obviously Intoxicated <input type="radio"/> Physical Impairment <input type="radio"/> Affected by Exhaust Fumes <input type="radio"/> Using Drugs - Impaired <input type="radio"/> Using Drugs - Not Impaired <input type="radio"/> Pending Lab Results		<input type="radio"/> None <input type="radio"/> Complaint of Pain <input type="radio"/> Moderate <input type="radio"/> Life Threatening <input type="radio"/> Killed <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally		<input type="radio"/> None <input type="radio"/> Lap Belt <input type="radio"/> Automated Restraint <input type="radio"/> Shoulder Belt <input type="radio"/> Child Safety Seat <input type="radio"/> Helmet		<input type="radio"/> None <input type="radio"/> Complaint of Pain <input type="radio"/> Moderate <input type="radio"/> Life Threatening <input type="radio"/> Killed <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally					
P88. Circumstances (3)		P89. EMS		P90. Medical		P91. Status		P92. Status					
<input type="radio"/> No Defects Apparent <input type="radio"/> Failed to Yield Right of Way <input type="radio"/> Following Too Closely <input type="radio"/> Speed Too Fast For Conditions <input type="radio"/> Driving Under The Influence <input type="radio"/> Animal on Roadway <input type="radio"/> Faulty Equipment <input type="radio"/> Exceeded Lawful Speed <input type="radio"/> Improper Passing/Overtaking		<input type="radio"/> Made Improper Turn <input type="radio"/> Left of Center <input type="radio"/> Failure to keep proper lane/run off road <input type="radio"/> Avoidance <input type="radio"/> Drove on Wrong Side of Road <input type="radio"/> Fatigued/Asleep <input type="radio"/> Illegally Crossing Median <input type="radio"/> Improper Lane Change <input type="radio"/> Lying under/Illegally in roadway		<input type="radio"/> Unknown <input type="radio"/> Entering/Crossing Roadway <input type="radio"/> Walking/running/playing/cycling <input type="radio"/> Working <input type="radio"/> Pushing vehicle <input type="radio"/> Approaching/leaving vehicle <input type="radio"/> Playing/working on vehicle <input type="radio"/> Standing		<input type="radio"/> None <input type="radio"/> Blood <input type="radio"/> Breath <input type="radio"/> None given <input type="radio"/> Test refused <input type="radio"/> Test given, pending		<input type="radio"/> None <input type="radio"/> Blood <input type="radio"/> Breath <input type="radio"/> None given <input type="radio"/> Test refused <input type="radio"/> Test given, pending					
P93. Occupant		P94. Occupant		P95. Occupant		P96. Occupant		P97. Occupant					
00. Vehicle #		01. First Name		02. Address		03. Address		04. City		05. State			
06. Sex		07. Race		08. Age		09. Eyes		10. Hair		11. Height			
M		White		12		N		Y		13			
F		Black		13		Y		N		14			
		Other		14		Y		Y		15			
P98. Not Transported		P99. Police		P100. Hoarse		P101. EMS		P102. Medical					
<input type="radio"/> EMS		<input type="radio"/> Private Vehicle				Agency Code		Facility Code					
P103. Condition		P104. Non-Motorist Action		P105. Injury Type		P106. Safety Equip. (2)		P107. Injury Type					
<input type="radio"/> No Defects Apparent <input type="radio"/> Failed to Yield Right of Way <input type="radio"/> Following Too Closely <input type="radio"/> Speed Too Fast For Conditions <input type="radio"/> Driving Under The Influence <input type="radio"/> Animal on Roadway <input type="radio"/> Faulty Equipment <input type="radio"/> Exceeded Lawful Speed <input type="radio"/> Improper Passing/Overtaking		<input type="radio"/> Obviously Intoxicated <input type="radio"/> Physical Impairment <input type="radio"/> Affected by Exhaust Fumes <input type="radio"/> Using Drugs - Impaired <input type="radio"/> Using Drugs - Not Impaired <input type="radio"/> Pending Lab Results		<input type="radio"/> None <input type="radio"/> Complaint of Pain <input type="radio"/> Moderate <input type="radio"/> Life Threatening <input type="radio"/> Killed <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally		<input type="radio"/> None <input type="radio"/> Lap Belt <input type="radio"/> Automated Restraint <input type="radio"/> Shoulder Belt <input type="radio"/> Child Safety Seat <input type="radio"/> Helmet		<input type="radio"/> None <input type="radio"/> Complaint of Pain <input type="radio"/> Moderate <input type="radio"/> Life Threatening <input type="radio"/> Killed <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally					
P108. Circumstances (3)		P109. EMS		P110. Medical		P111. Status		P112. Status					
<input type="radio"/> No Defects Apparent <input type="radio"/> Failed to Yield Right of Way <input type="radio"/> Following Too Closely <input type="radio"/> Speed Too Fast For Conditions <input type="radio"/> Driving Under The Influence <input type="radio"/> Animal on Roadway <input type="radio"/> Faulty Equipment <input type="radio"/> Exceeded Lawful Speed <input type="radio"/> Improper Passing/Overtaking		<input type="radio"/> Made Improper Turn <input type="radio"/> Left of Center <input type="radio"/> Failure to keep proper lane/run off road <input type="radio"/> Avoidance <input type="radio"/> Drove on Wrong Side of Road <input type="radio"/> Fatigued/Asleep <input type="radio"/> Illegally Crossing Median <input type="radio"/> Improper Lane Change <input type="radio"/> Lying under/Illegally in roadway		<input type="radio"/> Unknown <input type="radio"/> Entering/Crossing Roadway <input type="radio"/> Walking/running/playing/cycling <input type="radio"/> Working <input type="radio"/> Pushing vehicle <input type="radio"/> Approaching/leaving vehicle <input type="radio"/> Playing/working on vehicle <input type="radio"/> Standing		<input type="radio"/> None <input type="radio"/> Blood <input type="radio"/> Breath <input type="radio"/> None given <input type="radio"/> Test refused <input type="radio"/> Test given, pending		<input type="radio"/> None <input type="radio"/> Blood <input type="radio"/> Breath <input type="radio"/> None given <input type="radio"/> Test refused <input type="radio"/> Test given, pending					
P113. Occupant		P114. Occupant		P115. Occupant		P116. Occupant		P117. Occupant					
00. Vehicle #		01. First Name		02. Address		03. Address		04. City		05. State			
06. Sex		07. Race		08. Age		09. Eyes		10. Hair		11. Height			
M		White		12		N		Y		13			
F		Black		13		Y		N		14			
		Other		14		Y		Y		15			
P118. Not Transported		P119. Police		P120. Hoarse		P121. EMS		P122. Medical					
<input type="radio"/> EMS		<input type="radio"/> Private Vehicle				Agency Code		Facility Code					
P123. Condition		P124. Non-Motorist Action		P125. Injury Type		P126. Safety Equip. (2)		P127. Injury Type					
<input type="radio"/> No Defects Apparent <input type="radio"/> Failed to Yield Right of Way <input type="radio"/> Following Too Closely <input type="radio"/> Speed Too Fast For Conditions <input type="radio"/> Driving Under The Influence <input type="radio"/> Animal on Roadway <input type="radio"/> Faulty Equipment <input type="radio"/> Exceeded Lawful Speed <input type="radio"/> Improper Passing/Overtaking		<input type="radio"/> Obviously Intoxicated <input type="radio"/> Physical Impairment <input type="radio"/> Affected by Exhaust Fumes <input type="radio"/> Using Drugs - Impaired <input type="radio"/> Using Drugs - Not Impaired <input type="radio"/> Pending Lab Results		<input type="radio"/> None <input type="radio"/> Complaint of Pain <input type="radio"/> Moderate <input type="radio"/> Life Threatening <input type="radio"/> Killed <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally		<input type="radio"/> None <input type="radio"/> Lap Belt <input type="radio"/> Automated Restraint <input type="radio"/> Shoulder Belt <input type="radio"/> Child Safety Seat <input type="radio"/> Helmet		<input type="radio"/> None <input type="radio"/> Complaint of Pain <input type="radio"/> Moderate <input type="radio"/> Life Threatening <input type="radio"/> Killed <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally					
P128. Circumstances (3)		P129. EMS		P130. Medical		P131. Status		P132. Status					
<input type="radio"/> No Defects Apparent <input type="radio"/> Failed to Yield Right of Way <input type="radio"/> Following Too Closely <input type="radio"/> Speed Too Fast For Conditions <input type="radio"/> Driving Under The Influence <input type="radio"/> Animal on Roadway <input type="radio"/> Faulty Equipment <input type="radio"/> Exceeded Lawful Speed <input type="radio"/> Improper Passing/Overtaking		<input type="radio"/> Made Improper Turn <input type="radio"/> Left of Center <input type="radio"/> Failure to keep proper lane/run off road <input type="radio"/> Avoidance <input type="radio"/> Drove on Wrong Side of Road <input type="radio"/> Fatigued/Asleep <input type="radio"/> Illegally Crossing Median <input type="radio"/> Improper Lane Change <input type="radio"/> Lying under/Illegally in roadway		<input type="radio"/> Unknown <input type="radio"/> Entering/Crossing Roadway <input type="radio"/> Walking/running/playing/cycling <input type="radio"/> Working <input type="radio"/> Pushing vehicle <input type="radio"/> Approaching/leaving vehicle <input type="radio"/> Playing/working on vehicle <input type="radio"/> Standing		<input type="radio"/> None <input type="radio"/> Blood <input type="radio"/> Breath <input type="radio"/> None given <input type="radio"/> Test refused <input type="radio"/> Test given, pending		<input type="radio"/> None <input type="radio"/> Blood <input type="radio"/> Breath <input type="radio"/> None given <input type="radio"/> Test refused <input type="radio"/> Test given, pending					
P133. Occupant		P134. Occupant		P135. Occupant		P136. Occupant		P137. Occupant					
00. Vehicle #		01. First Name		02. Address		03. Address		04. City		05. State			
06. Sex		07. Race		08. Age		09. Eyes		10. Hair		11. Height			
M		White		12		N		Y		13			
F		Black		13		Y		N		14			
		Other		14		Y		Y		15			
P138. Not Transported		P139. Police		P140. Hoarse		P141. EMS		P142. Medical					
<input type="radio"/> EMS		<input type="radio"/> Private Vehicle				Agency Code		Facility Code					
P143. Condition		P144. Non-Motorist Action		P145. Injury Type		P146. Safety Equip. (2)		P147. Injury Type					
<input type="radio"/> No Defects Apparent <input type="radio"/> Failed to Yield Right of Way <input type="radio"/> Following Too Closely <input type="radio"/> Speed Too Fast For Conditions <input type="radio"/> Driving Under The Influence <input type="radio"/> Animal on Roadway <input type="radio"/> Faulty Equipment <input type="radio"/> Exceeded Lawful Speed <input type="radio"/> Improper Passing/Overtaking		<input type="radio"/> Obviously Intoxicated <input type="radio"/> Physical Impairment <input type="radio"/> Affected by Exhaust Fumes <input type="radio"/> Using Drugs - Impaired <input type="radio"/> Using Drugs - Not Impaired <input type="radio"/> Pending Lab Results		<input type="radio"/> None <input type="radio"/> Complaint of Pain <input type="radio"/> Moderate <input type="radio"/> Life Threatening <input type="radio"/> Killed <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally		<input type="radio"/> None <input type="radio"/> Lap Belt <input type="radio"/> Automated Restraint <input type="radio"/> Shoulder Belt <input type="radio"/> Child Safety Seat <input type="radio"/> Helmet		<input type="radio"/> None <input type="radio"/> Complaint of Pain <input type="radio"/> Moderate <input type="radio"/> Life Threatening <input type="radio"/> Killed <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally					
P148. Circumstances (3)		P149. EMS		P150. Medical		P151. Status		P152. Status					
<input type="radio"/> No Defects Apparent <input type="radio"/> Failed to Yield Right of Way <input type="radio"/> Following Too Closely <input type="radio"/> Speed Too Fast For Conditions <input type="radio"/> Driving Under The Influence <input type="radio"/> Animal on Roadway <input type="radio"/> Faulty Equipment <input type="radio"/> Exceeded Lawful Speed <input type="radio"/> Improper Passing/Overtaking		<input type="radio"/> Made Improper Turn <input type="radio"/> Left of Center <input type="radio"/> Failure to keep proper lane/run off road <input type="radio"/> Avoidance <input type="radio"/> Drove on Wrong Side of Road <input type="radio"/> Fatigued/Asleep <input type="radio"/> Illegally Crossing Median <input type="radio"/> Improper Lane Change <input type="radio"/> Lying under/Illegally in roadway		<input type="radio"/> Unknown <input type="radio"/> Entering/Crossing Roadway <input type="radio"/> Walking/running/playing/cycling <input type="radio"/> Working <input type="radio"/> Pushing vehicle <input type="radio"/> Approaching/leaving vehicle <input type="radio"/> Playing/working on vehicle <input type="radio"/> Standing		<input type="radio"/> None <input type="radio"/> Blood <input type="radio"/> Breath <input type="radio"/> None given <input type="radio"/> Test refused <input type="radio"/> Test given, pending		<input type="radio"/> None <input type="radio"/> Blood <input type="radio"/> Breath <input type="radio"/> None given <input type="radio"/> Test refused <input type="radio"/> Test given, pending					
P153. Occupant		P154. Occupant		P155. Occupant		P156. Occupant		P157. Occupant					
00. Vehicle #		01. First Name		02. Address		03. Address		04. City		05. State			
06. Sex		07. Race											

MUCR Vehicle		V0. Vehicle # 01	V1. Total Occupants 01	Agency Number 2403	Agency Case Number 06-019768	Page 04 of 06				
Owner Information V12. Owner Name: MARGUERITE A CARROBBA V13. Address: 1023 E 2ND ST. V14. City: PASS CHRISTIAN V15. State: MS V16. Zip Code: 39271 V17. Insurance Company Name: STATE FARM V18. Policy Number: 610266C2324										
V2. State: MS V3. Year: 2007 V4. License Plate Number: T8959 V5. Make: FORD V6. Model Year: 2002 V7. Vehicle Model: FOCUS V8. Vehicle Color: WHITE		V9. Damage: <input type="radio"/> Heavy <input checked="" type="radio"/> Light <input type="radio"/> None V10. Street Zone: 45 V11. Est. Speed: 30 V19. No Proof of Insurance: <input type="checkbox"/>								
Y20. Sequence of Events <table border="0" style="width:100%;"> <tr> <td style="vertical-align: top;"> Collision w/ Person, Vehicle/Non-fixed Object <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Animal <input type="radio"/> Bicyclist <input type="radio"/> Maintenance Equip. <input type="radio"/> Moving Vehicle <input type="radio"/> Parked Vehicle <input type="radio"/> Pedestrian <input type="radio"/> Train <input type="radio"/> Stowing Vehicle <input type="radio"/> Stopped Vehicle in Road </td> <td style="vertical-align: top;"> Non-Collision <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Cargo Loss/Shift <input type="radio"/> Crossover <input type="radio"/> Equipment Failure <input type="radio"/> Fall/Jump from Vehicle <input type="radio"/> Fire/Explosion <input type="radio"/> Immersion <input type="radio"/> Jackknife <input type="radio"/> Median/Centerline <input type="radio"/> Thrown/Falling Object <input type="radio"/> Off roadway/Left <input type="radio"/> Off roadway/Right <input type="radio"/> Overturn/Rollover <input type="radio"/> Unit Separation <input type="radio"/> Over Correcting/Steering </td> <td style="vertical-align: top;"> Collision w/ Fixed Object <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Attenuator/Cushion <input type="radio"/> Bridge Structure <input type="radio"/> Culvert <input type="radio"/> Curb <input type="radio"/> Ditch <input type="radio"/> Embankment <input type="radio"/> Fence <input type="radio"/> Guardrail <input type="radio"/> Mailbox <input type="radio"/> Median Barrier <input type="radio"/> Post/Pole/Support <input type="radio"/> Tree <input type="radio"/> Other Fixed Object </td> </tr> </table>								Collision w/ Person, Vehicle/Non-fixed Object <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Animal <input type="radio"/> Bicyclist <input type="radio"/> Maintenance Equip. <input type="radio"/> Moving Vehicle <input type="radio"/> Parked Vehicle <input type="radio"/> Pedestrian <input type="radio"/> Train <input type="radio"/> Stowing Vehicle <input type="radio"/> Stopped Vehicle in Road	Non-Collision <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Cargo Loss/Shift <input type="radio"/> Crossover <input type="radio"/> Equipment Failure <input type="radio"/> Fall/Jump from Vehicle <input type="radio"/> Fire/Explosion <input type="radio"/> Immersion <input type="radio"/> Jackknife <input type="radio"/> Median/Centerline <input type="radio"/> Thrown/Falling Object <input type="radio"/> Off roadway/Left <input type="radio"/> Off roadway/Right <input type="radio"/> Overturn/Rollover <input type="radio"/> Unit Separation <input type="radio"/> Over Correcting/Steering	Collision w/ Fixed Object <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Attenuator/Cushion <input type="radio"/> Bridge Structure <input type="radio"/> Culvert <input type="radio"/> Curb <input type="radio"/> Ditch <input type="radio"/> Embankment <input type="radio"/> Fence <input type="radio"/> Guardrail <input type="radio"/> Mailbox <input type="radio"/> Median Barrier <input type="radio"/> Post/Pole/Support <input type="radio"/> Tree <input type="radio"/> Other Fixed Object
Collision w/ Person, Vehicle/Non-fixed Object <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Animal <input type="radio"/> Bicyclist <input type="radio"/> Maintenance Equip. <input type="radio"/> Moving Vehicle <input type="radio"/> Parked Vehicle <input type="radio"/> Pedestrian <input type="radio"/> Train <input type="radio"/> Stowing Vehicle <input type="radio"/> Stopped Vehicle in Road	Non-Collision <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Cargo Loss/Shift <input type="radio"/> Crossover <input type="radio"/> Equipment Failure <input type="radio"/> Fall/Jump from Vehicle <input type="radio"/> Fire/Explosion <input type="radio"/> Immersion <input type="radio"/> Jackknife <input type="radio"/> Median/Centerline <input type="radio"/> Thrown/Falling Object <input type="radio"/> Off roadway/Left <input type="radio"/> Off roadway/Right <input type="radio"/> Overturn/Rollover <input type="radio"/> Unit Separation <input type="radio"/> Over Correcting/Steering	Collision w/ Fixed Object <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Attenuator/Cushion <input type="radio"/> Bridge Structure <input type="radio"/> Culvert <input type="radio"/> Curb <input type="radio"/> Ditch <input type="radio"/> Embankment <input type="radio"/> Fence <input type="radio"/> Guardrail <input type="radio"/> Mailbox <input type="radio"/> Median Barrier <input type="radio"/> Post/Pole/Support <input type="radio"/> Tree <input type="radio"/> Other Fixed Object								
Y21. Vehicle Configuration <input checked="" type="radio"/> Passenger Car <input type="radio"/> Light Truck <input type="radio"/> Stationwagon/Van <input type="radio"/> SUV <input type="radio"/> Motorcycle <input type="radio"/> Other <input type="radio"/> RV		<input type="radio"/> School Bus <input type="radio"/> Single-Unit Truck(?) <input type="radio"/> Single-Unit Truck(3+) <input type="radio"/> Farm Tractor <input type="radio"/> Tractor/Semi-Trailer <input type="radio"/> Tractor(?) <input type="radio"/> Tractor(?) <input type="radio"/> Train <input type="radio"/> Truck/Trailer <input type="radio"/> Emergency Veh. <input type="radio"/> Commercial Bus <input type="radio"/> ATV <input type="radio"/> Farm Equip. <input type="radio"/> Unknown Truck				Y24. Vehicle Action <input checked="" type="radio"/> Going Straight <input type="radio"/> Making Left Turn <input type="radio"/> Stopped <input type="radio"/> Slow/Stop in Road <input type="radio"/> Parked <input type="radio"/> Backing <input type="radio"/> Making Right Turn <input type="radio"/> Avoidance <input type="radio"/> Lane Change <input type="radio"/> Leaving Parking <input type="radio"/> Overtaking/Passing <input type="radio"/> Parking Position <input type="radio"/> Making U Turn <input type="radio"/> In Tow				
Y26. Traffic Control Device <input type="radio"/> Channel-Painted <input type="radio"/> Channel-Physical <input type="radio"/> Flag Person <input type="radio"/> Flashing Signal Red <input type="radio"/> Flashing Signal Yellow <input type="radio"/> No Passing <input type="radio"/> None <input type="radio"/> Officer <input type="radio"/> RR Flashing Signal <input type="radio"/> RR Signal and Gate <input checked="" type="radio"/> Signal <input type="radio"/> Stop Sign <input type="radio"/> Railroad Sign <input type="radio"/> Yield Sign		Y28. Road Character <input type="radio"/> Straight/Level <input checked="" type="radio"/> Intersect two roads <input type="radio"/> Straight/Grade <input type="radio"/> Curve/Level <input type="radio"/> Straight/Unlevel <input type="radio"/> Curve/Grade		Y29. Road Design <input type="radio"/> Bridge <input type="radio"/> Private Drive <input type="radio"/> Curve/Milepost <input type="radio"/> Crossover <input type="radio"/> Begin/End Divided Road <input type="radio"/> One-Way		Y32. Road Surface Type <input checked="" type="radio"/> 2 Lane <input type="radio"/> 4+ <input type="radio"/> Parking Lot <input type="radio"/> 1 Lane <input type="radio"/> Divided? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Center Turn Lane? <input checked="" type="radio"/> Yes <input type="radio"/> No				
Y27. Device Functioning? <input checked="" type="radio"/> Y <input type="radio"/> N		Y35. Towed By: COTTON'S WRECKER SERVICE								
Commercial Vehicle C1. Carrier ID Number: C2. Authority: <input type="radio"/> US DOT <input type="radio"/> State <input type="radio"/> Mexico <input type="radio"/> MC <input type="radio"/> Canada C3. Carrier Name: C4. Carrier Address: C5. City: C6. State: C7. Zip Code: C8. GWR #: C9. Cargo Body Type: <input type="radio"/> Auto transporter <input type="radio"/> Flatbed <input type="radio"/> Box<15 <input type="radio"/> Garbage/refuse <input type="radio"/> Bus 15+ <input type="radio"/> Grain/chip/gravel <input type="radio"/> Cargo tank <input type="radio"/> Other <input type="radio"/> Polehog <input type="radio"/> Concrete Mixer <input type="radio"/> Van/enclosed box <input type="radio"/> Dump <input type="radio"/> N/A <input type="radio"/> None C10. Commodity Hauled: C11. Placard ID: C12. HAZMAT Released: <input type="radio"/> Yes <input type="radio"/> No										

1471024009

MUCR Person/Occupant		V0. Veh. # 0 2		P0. Person # 0 2		Agency Number 2 4 0 3		Agency Case Number 0 6 - 0 1 0 7 6 8		Page 0 5 of 0 6	
P1. Person Type <input checked="" type="radio"/> Driver <input type="radio"/> Pedestrian <input type="radio"/> Bicyclist <input type="radio"/> Skater <input type="radio"/> Other non-motorist <input type="radio"/> Train Engineer <input type="radio"/> Hit and Run Driver <input type="radio"/> LE											
P2. License # M171S0264				P3. State M S		P4. ODL? <input checked="" type="radio"/> N <input type="radio"/> Y		P5. DOB (MM/DD/YYYY) 1 0 / 1 6 / 1 9 7 0		<input checked="" type="checkbox"/> Shoulder & Lap Belt <input type="checkbox"/> None <input type="checkbox"/> Lap Belt <input type="checkbox"/> Automated Restraint <input type="checkbox"/> Shoulder Belt <input type="checkbox"/> Child Safety Seat <input type="checkbox"/> Helmet	
P6. First Name DOUGLAS				P7. Last Name CATON		P8. Phone Number 2 2 8 2 8 4 4 0 X 9		P12. DL Status <input checked="" type="radio"/> Valid <input type="radio"/> Suspended - DUI <input type="radio"/> No License <input type="radio"/> Learner Permit <input type="radio"/> Expired <input type="radio"/> Improper DL <input type="radio"/> Suspended <input type="radio"/> Other		P21. Injury Type <input checked="" type="radio"/> None <input type="radio"/> Complaint of Pain <input type="radio"/> Moderate <input type="radio"/> Life Threatening <input type="radio"/> Killed	
P9. Address 1201 COLLEGE ST.				P10. City GULFPORT		P11. State M S		P12. Zip Code 39507		P22. Ejection <input checked="" type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally	
P13. Sex <input checked="" type="radio"/> M <input type="radio"/> F		P14. Age <input type="radio"/> 1 <input type="radio"/> 2		P15. Transported <input checked="" type="radio"/> Not Transported <input type="radio"/> Police <input type="radio"/> Home <input type="radio"/> EMS <input type="radio"/> Private Vehicle		P17. EMS Agency Code		P18. Medical Facility Code		P23. Position <input checked="" type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right	
P16. Condition <input checked="" type="checkbox"/> No Defects Apparent <input type="checkbox"/> Unknown <input type="checkbox"/> Hit and Run <input type="checkbox"/> Drinking - Not Impaired <input type="checkbox"/> Drinking - Impaired <input type="checkbox"/> Fell Asleep/Fatigued <input checked="" type="checkbox"/> No Apparent Improper Driving <input type="checkbox"/> Failed to Yield Right of Way <input type="checkbox"/> Following Too Closely <input type="checkbox"/> Spool Too Fast For Conditions <input type="checkbox"/> Driving Under The Influence <input type="checkbox"/> Animal on Roadway <input type="checkbox"/> Faulty Equipment <input type="checkbox"/> Exceeded Lawful Speed <input type="checkbox"/> Improper Passing/Overtaking				<input type="checkbox"/> Obviously Intoxicated <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Affected by Exhaust Fumes <input type="checkbox"/> Using Drugs - Impaired <input type="checkbox"/> Using Drugs - Not Impaired <input type="checkbox"/> Pending Lab Results <input type="checkbox"/> Made Improper Turn <input type="checkbox"/> Left of Center <input type="checkbox"/> Failed to keep proper lane/Run off road <input type="checkbox"/> Avoidance <input type="checkbox"/> Drove on Wrong Side of Road <input type="checkbox"/> Fatigued/Asleep <input type="checkbox"/> Illegally Crossing Median <input type="checkbox"/> Improper Lane Change <input type="checkbox"/> Lying and/or illegally in roadway				<input type="checkbox"/> Unknown <input type="checkbox"/> Entering/Crossing Roadway <input type="checkbox"/> Walking/Jumping/playing/cycling <input type="checkbox"/> Working <input type="checkbox"/> Pushing vehicle <input type="checkbox"/> Approaching/leaving vehicle <input type="checkbox"/> Playing/working on vehicle <input type="checkbox"/> Standing			
P24. Status <input type="checkbox"/> None given <input type="checkbox"/> Test given <input type="checkbox"/> Test refused <input type="checkbox"/> Test given, pending											
P25. Result <input type="checkbox"/> None <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath											
P26. Status <input type="checkbox"/> None <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath											
P27. Status <input type="checkbox"/> None <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath											
P28. Status <input type="checkbox"/> None <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath											
P29. Status <input type="checkbox"/> None <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath											
P30. Status <input type="checkbox"/> None <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath											
P31. Status <input type="checkbox"/> None <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath											
P32. Status <input type="checkbox"/> None <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath											
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P35. Status <input type="checkbox"/> None <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath											
P36. Status <input type="checkbox"/> None <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath											
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P45. Status <input type="checkbox"/> None <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath											
P46. Status <input type="checkbox"/> None <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath											
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P89. Status <input type="checkbox"/> None <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath											
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P99. Status <input type="checkbox"/> None <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath											
P100. Status <input type="checkbox"/> None <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath											

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MUCR Vehicle		V0. Vehicle #: 0 2	V1. Total Occupants: 0 2	Agency Number: 2 4 0 3	Agency Case Number: 0 6 - 0 1 9 7 6 8	Page 0 6 of 0 6
Owner Information						
V7. State: M S	V3. Year: 2 0 0 6	V4. License Plate Number: 6 0 7 H V H		V12. Owner Name: DOUGLAS W CATON		
V5. Make: C H E V R O L E T		V6. Model Year: 1 9 9 5		V13. Address: 1201 COLLEGE ST.		
V7. Vehicle Model: A S T R O V A N		V8. Vehicle Color: B L U E		V14. City: GULFPORT	V15. State: M S	V16. Zip Code: 39507
V9. Damage: <input type="radio"/> Heavy <input checked="" type="radio"/> Light <input type="radio"/> None		V10. Speed Zone: 4 5	V11. Evt. Speed: 2 0	V19. No Proof of Insurance: <input type="checkbox"/>	V17. Insurance Company Name: USA	V18. Policy Number: PAP050076576001
V20. Sequence of Events						
Collision w/ Person, Vehicle/Non-fixed Object		Non-Collision		Collision w/ Fixed Object		V21. Vehicle Action
<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Animal <input type="radio"/> Bicyclist <input type="radio"/> Maintenance Equip. <input type="radio"/> Moving Vehicle <input type="radio"/> Parked Vehicle <input type="radio"/> Pedestrian <input type="radio"/> Train <input type="radio"/> Stowing Vehicle <input type="radio"/> Stopped Vehicle in Road		<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Cargo Loss/Shift <input type="radio"/> Crossover <input type="radio"/> Equipment Failure <input type="radio"/> Fell/Jump from Vehicle <input type="radio"/> Fire/Explosion <input type="radio"/> Immersion <input type="radio"/> Jackknife <input type="radio"/> Median/Centerline <input type="radio"/> Throw/Falling Object <input type="radio"/> Off roadway/Left <input type="radio"/> Off roadway/Right <input type="radio"/> Overturn/Rollover <input type="radio"/> Unit Separation <input type="radio"/> Over Correcting/Steering		<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Attenuator/Cushion <input type="radio"/> Bridge Structure <input type="radio"/> Culvert <input type="radio"/> Curb <input type="radio"/> Ditch <input type="radio"/> Embankment <input type="radio"/> Fence <input type="radio"/> Guardrail <input type="radio"/> Mailbox <input type="radio"/> Median Barrier <input type="radio"/> Post/Pole/Support <input type="radio"/> Tree <input type="radio"/> Other Fixed Object		<input type="radio"/> Going Straight <input checked="" type="radio"/> Making Left Turn <input type="radio"/> Slipped <input type="radio"/> Slow/Stop in Road <input type="radio"/> Parked <input type="radio"/> Backing <input type="radio"/> Making Right Turn <input type="radio"/> Avoidance <input type="radio"/> Lane Change <input type="radio"/> Leaving Parking <input type="radio"/> Overtaking/Passing <input type="radio"/> Parking Position <input type="radio"/> Making U Turn <input type="radio"/> In Tow
V22. Vehicle Configuration						
<input type="radio"/> Passenger Car <input type="radio"/> Light Truck <input checked="" type="radio"/> Station Wagon/Van <input type="radio"/> SUV <input type="radio"/> Motorcycle <input type="radio"/> Other <input type="radio"/> RV		<input type="radio"/> School Bus <input type="radio"/> Single-Unit Truck(2) <input type="radio"/> Single-Unit Truck(3+) <input type="radio"/> Farm Tractor <input type="radio"/> Tractor/Semi Trailer <input type="radio"/> Tractor(2) <input type="radio"/> Tractor(3)		<input type="radio"/> Train <input type="radio"/> Truck/Trailer <input type="radio"/> Emergency Veh. <input type="radio"/> Commercial Bus <input type="radio"/> ATV <input type="radio"/> Farm Equip. <input type="radio"/> Unknown Truck		
V23. Traffic Control Device						
<input type="radio"/> Channel-Painted <input type="radio"/> Channel-Physicall <input type="radio"/> Flag Person <input type="radio"/> Flashing Signal Red <input type="radio"/> Flashing Signal Yellow <input type="radio"/> No Passing <input type="radio"/> None		<input type="radio"/> Officer <input type="radio"/> RR Flashing Signal <input type="radio"/> RR Signal and Gate <input checked="" type="radio"/> Signal <input type="radio"/> Stop Sign <input type="radio"/> Railroad Sign <input type="radio"/> Yield Sign		<input type="radio"/> Straight/Level <input checked="" type="radio"/> Intersect two roads <input type="radio"/> Straight/Grade <input type="radio"/> Curve/Level <input type="radio"/> Straight/Unflashed <input type="radio"/> Curve/Grade		<input type="radio"/> Bridge <input type="radio"/> Private Drive <input type="radio"/> Curve/Unflashed <input type="radio"/> Crossover <input type="radio"/> Begin/End Divided Road <input type="radio"/> One-Way
V24. Road Design						
<input checked="" type="radio"/> 2 Lane <input type="radio"/> 4- <input type="radio"/> Parking Lot <input type="radio"/> 1 Lane		<input type="radio"/> 3 Lane <input type="radio"/> Frontage/Ramp <input type="radio"/> One Way <input type="radio"/> Unpaved		<input type="radio"/> V30. Divided? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> V31. Center Turn Lane? <input type="radio"/> Yes <input type="radio"/> No		
V25. Road Surface Type						
<input checked="" type="radio"/> Asphalt <input type="radio"/> Concrete <input type="radio"/> Dirt <input type="radio"/> Gravel <input type="radio"/> Other - See Narrative						
V26. Device Functioning? <input checked="" type="radio"/> Y <input type="radio"/> N						
V33. Towed? <input type="radio"/> Yes <input checked="" type="radio"/> No V34. Authority: <input type="radio"/> Owner <input type="radio"/> Police <input type="radio"/> Other V35. Towed By:						
Commercial Vehicle						
C1. Carrier ID Number: 		C2. Authority: <input type="radio"/> US DOT <input type="radio"/> State <input type="radio"/> Mexico <input type="radio"/> MC <input type="radio"/> Canada		C3. Cargo Body Type		
C3. Carrier Name: 		C4. Carrier Address: 		<input type="radio"/> Auto transporter <input type="radio"/> Flatbed <input type="radio"/> Bus<15 <input type="radio"/> Garbage/refuse <input type="radio"/> Bus 15+ <input type="radio"/> Grain/chips/gravel <input type="radio"/> Cargo tank <input type="radio"/> Other <input type="radio"/> Concrete mixer <input type="radio"/> Pole/log <input type="radio"/> Dump <input type="radio"/> Van/enclosed box <input type="radio"/> None <input type="radio"/> N/A		
C5. City: 		C6. State: 		C7. Zip Code: 		
C8. GVWR #: 		C10. Commodity Hauled: 				
		C11. Placard ID: 				
C12. HAZMAT Released <input type="radio"/> Yes <input type="radio"/> No						

1471024009

STATE OF MISSISSIPPI UNIFORM CRASH REPORT		Agency Number 2 4 0 3	Agency Case Number 0 6 - 0 1 9 7 6 8	Page 0 1 of 0 6
Agency Name GULFPORT POLICE DEPT		G1. County 2 4	G2. Status Code <input checked="" type="radio"/> C <input type="radio"/> P <input type="radio"/> U	
G3. Reported Date (MM/DD/YYYY) 0 6 / 1 7 / 2 0 0 6	G4. Reported Time (2400) 0 6 5 8	G5. Officer Time Arrival Time (2400) 0 7 0 4 10-24 Time (2400) 0 7 3 0		G6. Vehicles 0 2
G7. Killed 0 0		G8. Injured 0 0		
G9. Address Number 1 1 0 0	G10. Street Name C O W A N R O A D	G11. Hwy/County Road #	G12. Trafficflow Direction <input checked="" type="radio"/> N <input type="radio"/> E <input type="radio"/> S <input type="radio"/> W	
G13. Int. <input checked="" type="radio"/> Y <input type="radio"/> N	G14. Distance 0 0 0	G15. Direction <input type="radio"/> F <input checked="" type="radio"/> N <input type="radio"/> E <input type="radio"/> S <input type="radio"/> W	G16. Intersecting Street Name M A G N O L I A S T R E E T	G17. Int. Hwy/County Road #
G18. City Name G U L F P O R T		G19. Latitude N 3 0 2 4 . 2 2 9	G20. Longitude W 0 8 9 0 1 . 6 0 3	
<div style="display: flex; justify-content: space-between;"><div style="width: 30%;">G21. First Harmful Event<ul style="list-style-type: none"><input type="radio"/> Rear end slow or stop<input type="radio"/> Rear end turn<input type="radio"/> Left turn same roadway<input type="radio"/> Left turn cross traffic<input type="radio"/> Right turn cross traffic<input type="radio"/> Head on<input type="radio"/> Sideswipe<input type="radio"/> Angle<input type="radio"/> Hit and run<input type="radio"/> Overturn<input type="radio"/> Jackknife<input type="radio"/> Fell from vehicle<input type="radio"/> Other<input type="radio"/> Pedestrian<input type="radio"/> Parked Vehicle<input type="radio"/> Train<input type="radio"/> Bicyclist<input type="radio"/> Deer<input type="radio"/> Animal (other than deer)<input type="radio"/> Bridge/Culvert<input type="radio"/> Embankment/Ditch/Curb<input type="radio"/> Guardrail/Median Barrier<input type="radio"/> Tree<input type="radio"/> Utility pole/light support<input type="radio"/> Other fixed object<input type="radio"/> Sign Post<input type="radio"/> Signal standard<input type="radio"/> Building/Other Structure<input type="radio"/> Maint. Equip. - Not Moving<input type="radio"/> Maint. Equip. - Moving<input type="radio"/> Other non-fixed object</div><div style="width: 30%;">G22. Crash Location<ul style="list-style-type: none"><input checked="" type="radio"/> Roadway<input type="radio"/> Off-Roadway<input type="radio"/> Median<input type="radio"/> Roadside<input type="radio"/> Shoulder<input type="radio"/> Parking Lot<input type="radio"/> Corn<input type="radio"/> None<input type="radio"/> Four-way Inter<input type="radio"/> T-Intersection<input type="radio"/> Crossover<input type="radio"/> Driveway<input type="radio"/> Five-point or more<input type="radio"/> Off Ramp<input type="radio"/> On Ramp<input type="radio"/> Entry/Exit<input type="radio"/> RR Xing<input type="radio"/> Traffic Circle/Round<input type="radio"/> Y-Intersection</div><div style="width: 30%;">G23. Roadway System<ul style="list-style-type: none"><input checked="" type="radio"/> City Street<input type="radio"/> State Highway<input type="radio"/> U.S. Highway<input type="radio"/> County Road<input type="radio"/> Parking Lot/Private Drive<input type="radio"/> Interstate<input type="radio"/> Off Road<input type="radio"/> State Park</div></div>				
<div style="display: flex; justify-content: space-between;"><div style="width: 30%;">G24. Light Condition<ul style="list-style-type: none"><input checked="" type="radio"/> Daylight<input type="radio"/> Dark-Lit<input type="radio"/> Dark-Unlit<input type="radio"/> Dawn<input type="radio"/> Dusk</div><div style="width: 30%;">G25. Road Condition<ul style="list-style-type: none"><input type="radio"/> Dry<input type="radio"/> Wet<input type="radio"/> Water<input type="radio"/> Sand/Mud/Dir/Oil/Gravel<input type="radio"/> Ice<input type="radio"/> Slush<input type="radio"/> Snow</div><div style="width: 30%;">G26. Weather Condition (I)<ul style="list-style-type: none"><input checked="" type="radio"/> Clear<input type="radio"/> Rain<input type="radio"/> Cloudy<input type="radio"/> High winds<input type="radio"/> Blown Debris<input type="radio"/> Fog/Smog/Smoke<input type="radio"/> Steel/Trail<input type="radio"/> Snow</div></div>				
G27. Workzone Relationship <ul style="list-style-type: none"><input checked="" type="radio"/> Not Workzone Related<input type="radio"/> Within Construction Zone<input type="radio"/> Advance Warning Area				
G28. Workzone Type (I) <ul style="list-style-type: none"><input checked="" type="radio"/> None<input type="radio"/> Intermittent or Moving Work<input type="radio"/> Lane Closure<input type="radio"/> Lane Shift/Crossover<input type="radio"/> Shoulder/Median Work<input type="radio"/> Utility				
WITNESS(ES)				
G30. First Name Roland A. Roe Jr.		G31. Last Name Roe Jr.		
G32. Address 1100 Cowan Road		G33. Phone Number 000-000-0000		
G34. City Gulfport		G35. State MS	G36. Zip Code 39201	
G37. Sex <input checked="" type="radio"/> M <input type="radio"/> F		G38. Age 34		
G39. First Name Roland A. Roe Jr.		G40. Last Name Roe Jr.		
G41. Address 1100 Cowan Road		G42. Phone Number 000-000-0000		
G43. City Gulfport		G44. State MS	G45. Zip Code 39201	
G46. Sex <input checked="" type="radio"/> M <input type="radio"/> F		G47. Age 34		
G48. Badge Number 4776		G49. Investigating Officer Name (Please Print) Roland A. Roe Jr.		
G50. Reviewing Badge Number 4631		G51. Reviewing Officer Initials GH		
G52. Photos Taken <input checked="" type="radio"/> Y <input type="radio"/> N		G53. Photographer and Badge #		

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MUCR
Diagram/Narrative

2 4 0 3

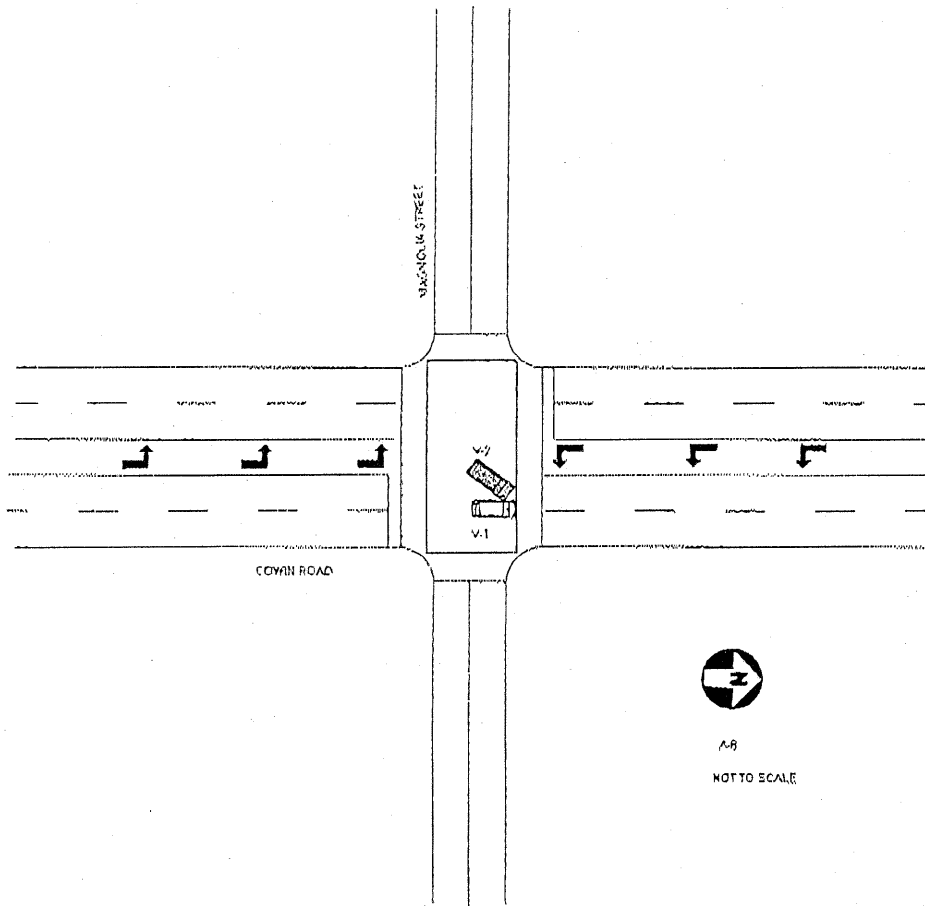
0 6 - 0 1 9 7 6 8

Page

0 2

of

0 6

N1. Collision Diagram**N2. Collision Narrative**

VEHICLE ONE WAS NORTH ON COWAN ROAD. VEHICLE TWO WAS MAKING A LEFT TURN ONTO COWAN ROAD OFF OF MAGNOLIA STREET. VEHICLE TWO HAD THE RIGHT OF WAY WHEN VEHICLE ONE RAN THE RED LIGHT. THE TWO VEHICLES CRASHED INTO EACH OTHER CAUSING MINOR DAMAGE. THE TWO VEHICLES PULLED OVER TO THE SIDE OF THE ROAD AND WAITED FOR POLICE.